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Country programme outline for Colombia*

Proposed UNFPA assistance:	$5 million: $2.5 million from regular resources and $2.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2003-2007)
Cycle of assistance:	Fourth
Category per decision 2000/19:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.65	2.0	3.65
Population and development strategies	0.60	0.5	1.10
Programme coordination and assistance	0.25	-	0.25
Total	2.50	2.5	5.00

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. During the last few years, Colombia has witnessed a rapid deterioration of its economic, social and political situation and an escalation in armed conflict. Unemployment reached unprecedented levels in 2000 – up to 19.2 per cent. Sixty per cent of the population lives below the poverty line and 23 per cent lives in extreme poverty. As much as 80 per cent of the population in rural areas is poor.

2. Colombia's population was 42.3 million in 2000, with an estimated growth rate of 1.7 per cent. Life expectancy is 72.2 years, but the internal conflict has taken its toll among young and adult men. The estimated life expectancy for them shows a differential of 7 years vis-à-vis that of women.

3. The exacerbation of the armed conflict, combined with the increase in poverty, has also accelerated the internal displacement of the population. Colombia has one of the largest internally displaced populations in the world. Estimates range as high as 250,000 persons per year. Approximately 2 million people have emigrated from Colombia since 1999.

4. Key sexual and reproductive health indicators continue to be favourable in spite of the social and economic crisis. The contraceptive prevalence rate for women in union increased from 72 per cent in 1995 to nearly 77 per cent in 2000. Sixty-four per cent of these women use modern methods of family planning. The total fertility rate has continued to decline to 2.6 children per woman. Over 86 per cent of childbirths occur in health centres.

5. The maternal mortality ratio is high at 100 per 100,000 live births. In regions affected by the armed conflict and extreme poverty, maternal mortality has reached 215 per 100,000 live births. The adolescent fertility rate increased from 70 to 85 per 1,000 between 1990 and 2000, and one out of three displaced adolescent girls has been pregnant at least once. During the period 1995-2000, unplanned pregnancies increased from 38 to nearly 46 per 1,000.

6. Gender violence is pervasive. Legislation addressing the problem has been enacted and it has been the focus of increasing attention on the part of public institutions. However, it is estimated that only 5 per cent of cases are reported. The HIV/AIDS gender profile indicates a much faster infection rate among women. In 1996, there was 1 infected woman per 12 infected men; in 2001, that ratio was 1 to 4.

7. Colombia has an advanced health insurance system. Its normative and regulatory frameworks integrate a rights-based approach to sexual and reproductive health. However, service coverage and access continue to be serious concerns, despite increased expenditures. Universal health insurance by 2001 did not materialize, and only 59 per cent of the poor population is covered under the health system. Universal coverage for pregnant and breastfeeding women – a public priority – has not yet been achieved. Modern family planning methods are not always available.

II. Past cooperation and lessons learned

8. The third UNFPA country programme for Colombia was initially approved for a period of four years (1998-2001) in the amount of $2.4 million. The programme was extended for one year.

9. In the framework of health-sector reform, the programme supported the development of norms and standards in reproductive health and their implementation across the country. In 80 per cent of 100 selected municipalities, the staff was trained in reproductive health, and technical assistance was provided to improve service delivery. Maternal and perinatal mortality surveillance committees were established. To improve the

quality of care, medical equipment and contraceptive supplies were provided. A mass communication campaign on sexual and reproductive health and rights was supported to increase the demand for services. The improved managerial capacity of local hospitals also permitted some cost recovery of reproductive health services.

10. An appraisal of programme strategies and results in reproductive and sexual health revealed that setting standards for the provision of high-quality services and training personnel in their application were insufficient to achieve a significant maternal mortality reduction, unless maternal mortality was a priority on the public agenda and an integrated reproductive health approach was implemented.

11. A pilot project providing comprehensive services for victims of gender-based violence was designed and implemented as part of a governmental inter-institutional initiative that involved various government agencies, including justice, social welfare, health and law enforcement. The strategy that was developed, part of a UNDP/UNFPA project against domestic and sexual violence, was successful in promoting a better understanding of sexual and reproductive rights as human rights. The model is ready for replication, but adequate information and communications systems must be developed to ensure a greater public impact.

12. Within the framework of a United Nations inter-agency programme, UNFPA implemented a project in the Magdalena Medio region that mainstreamed sexual and reproductive health in humanitarian interventions for internally displaced populations. The project promoted sexual and reproductive rights as basic human rights and emphasized a rights-based approach as a key aspect of women's empowerment. In conjunction with the private sector and the church, the project developed innovative participatory strategies involving community groups. Demand for reproductive health services in this region has increased.

13. The previous country programme also supported the Ministry of the Environment, several environmental groups and academic centres in their efforts to promote the integration of population factors in environmental and land management. A newly established initiative in this area requires more specific consideration of relevant population variables.

III. Proposed programme

14. The goal of the United Nations Development Assistance Framework (UNDAF) is to contribute to strengthening peaceful coexistence among Colombians and to promote sustainable economic growth and collective equity and welfare through the full exercise of human rights. Within this framework, the goal of UNFPA is to assist the Government in implementing the Programme of Action of the International Conference on Population and Development (ICPD) in the areas of reproductive and sexual health and rights, as well as in population and development strategies, to contribute to overcoming poverty, violence and social exclusion.

15. The proposed outcomes of the country programme are: (a) to have contributed to strengthening the capacity of the health system to improve sexual and reproductive health and rights; and (b) to have contributed to sustainable human development by considering population factors and issues as essential parts of public policy. The programme will be implemented through two subprogrammes – one in reproductive health and the other in population and development strategies.

Reproductive health subprogramme

16. Output 1: Conceptual frameworks and norms in sexual and reproductive health, gender, and sexual and reproductive rights incorporated in the implementation of legislation that seeks to guarantee access for the poor population to services. The subprogramme will principally support the Ministry of Health in offering high-quality, comprehensive reproductive health

services in hospitals and health centres throughout the country in order to provide the poor population not covered by the social security system access to health services.

17. At the central government level, UNFPA will support the development and testing of protocols and technical guidelines in sexual and reproductive health. Issues related to reproductive rights and gender equality, including the elimination of gender-based violence and the promotion of male responsibility, will be supported. UNFPA will also support the development of pilot initiatives that will provide feedback to the central Government to finalize protocols and guidelines and replicate successful experiences.

18. In line with the newly established protocols, the programme will support the training of service providers in regions that have high levels of maternal mortality and adolescent fertility. It will also support improvements in the quality of services and the prevention of HIV/AIDS, unwanted pregnancies, gender-based violence and maternal mortality through sexuality education, involvement of the private and public sectors, the restructuring of information systems and through the limited provision of family planning services, including contraceptives.

19. Output 2: Improved access to sexual and reproductive health services for displaced populations, particularly adolescents. UNFPA will strengthen the institutional capacities of organizations that care for displaced populations by supporting staff training on how to safeguard the sexual and reproductive rights of such populations.

20. UNFPA will also support non-governmental organizations in expanding their information, education and communication programmes that seek to inform displaced populations about their sexual and reproductive health and rights. UNFPA will support training in the provision of integrated sexual and reproductive health services, including the prevention of HIV/AIDS and gender-based violence, focusing on the needs of displaced adolescents.

21. By establishing strategic alliances and partnerships with other United Nations agencies and with civil society groups, an environment will be created to ensure that national and international laws and treaties to protect displaced populations will include provisions to safeguard their reproductive rights.

22. Output 3: Strengthened national commitment to effectively address reproductive and sexual health and rights as major issues in the national agenda. In collaboration with parliamentarians, women's caucus groups, grass-roots organizations, other civil society groups and United Nations agencies, the programme will develop an advocacy strategy for community empowerment and social mobilization in support of the ICPD agenda, in particular for reproductive rights. The aim is to ensure that the reduction of maternal mortality, and the prevention of adolescent pregnancy, HIV/AIDS and gender-based violence are central concerns in the policy-making process at national and local levels.

Population and development strategies subprogramme

23. Output 1: Enhanced integration of population factors in national development plans and policies. The subprogramme will seek to better integrate population factors in national development plans and policies, including poverty reduction strategies and programmes, by considering emerging population issues in the context of the country's current political, social and economic crisis. These issues include internal population displacement, international migration, new population structures, new sexual and reproductive health patterns and adolescent fertility. UNFPA will provide technical assistance and will facilitate dialogue among public officials, academia and civil society groups.

24. UNFPA will also support data collection and sociodemographic studies and research to achieve a better understanding of population factors in the formulation and follow-up of social policies. UNFPA will support the use of data from the 2003 population census to provide input for local planning and the policy formulation process. It will also provide support to academic institutions to undertake policy-relevant analyses of population dynamics, composition, structure and distribution by training specialists and improving networks among social science researchers.

IV. Programme management, monitoring and evaluation

25. The proposed programme will be nationally executed through governmental and non-governmental institutions, in coordination with the Colombian International Cooperation Agency. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The responsibility for overall monitoring and evaluation of the programme will rest with the UNFPA country office in collaboration with executing and implementing agencies. A midterm review will be held at the beginning of the third year of the programme and a programme evaluation will be conducted in 2007.

26. To ensure the transfer of technical and programme management knowledge to national counterparts as well as to ensure efficient monitoring and execution of the programme, a programme support team of national project personnel covering sexual and reproductive health, gender, and population and development strategies will be established. National and international consultants will provide technical assistance, along with the UNFPA Country Technical Services Team in Mexico City.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR COLOMBIA

UNDAF Objective: To contribute to strengthening peaceful coexistence among Colombians and to promote sustainable economic growth and collective equity and welfare through the full exercise of human rights

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To assist the Government in implementing the ICPD Programme of Action in the areas of reproductive and sexual health and rights, as well as in population and development strategies, to contribute to overcoming poverty, violence and social exclusion	*[Reproductive health subprogramme]* To have contributed to strengthening the capacity of the health system to improve sexual and reproductive health and rights	• Increased utilization of sexual and reproductive health services, including prenatal, delivery and obstetric care; family planning; prevention of STIs and HIV/AIDS; and gender-based violence • Increase in percentage of displaced adolescent population utilizing reproductive health services • Policies supportive of reproductive and sexual health and rights and gender equality, including the elimination of gender-based violence	**Output 1: Conceptual frameworks and norms in sexual and reproductive health, gender, and sexual and reproductive rights incorporated in the implementation of legislation that seeks to guarantee access of the poor population to services** Output indicators: • Revised standards and protocols in place • Intersectoral networks (health system and civil society) established for the provision of services • Increase in the number of local administrations, institutions and groups supporting the elimination of gender-based violence **Output 2: Improved access to sexual and reproductive health services for displaced populations, particularly adolescents** Output indicators: • Increased contraceptive prevalence rate, prevention of STIs, HIV/AIDS and gender-based violence among displaced populations, especially adolescents **Output 3: Strengthened national commitment to effectively address reproductive and sexual health and rights as major issues in the national agenda** Output indicators: • Increased number of media reports on sexual and reproductive health and rights issues • Increased number of community-based groups with the capacity to advocate key issues related to reproductive and sexual health and rights, and gender equality	**Total for reproductive health subprogramme**: $3.65 million ($1.65 million from regular resources and $2 million from other resources)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Same as above	*[Population and development strategies subprogramme]* To have contributed to sustainable human development by considering population factors and issues as essential parts of public policy	• Use of population research for design, development and monitoring of population policies and programmes • Use of population data in development planning	**Output 1: Enhanced integration of population factors in national development plans and policies** Output indicators: • Number of policy documents issued during the programme cycle that consider population factors • Research and data collection that support a better understanding of population processes in the formulation and follow-up of policies in regional planning, poverty reduction, the family and sexual and reproductive health • Strengthened capacity of relevant government agencies to integrate population into development planning	**Total for population and development strategies subprogramme:** $1.1 million ($0.6 million from regular resources and $0.5 million from other resources) **Total for programme coordination and assistance:** $0.25 million from regular resources

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